

215040731
62820

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 123	Agency Case No. B5-092843	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y 10/05/2015		S M T W TH F S <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (In Military Time)		STATE USE ONLY
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 1904	POLICE NOTIFIED 1904	Amended 10/06/2015
B 60	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 1700 BLOCK OF CORNHUSKER HIGHWAY		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.		LONGITUDE
D 4	IF AT INTERSECTION			IF NOT AT INTERSECTION		
	NAME OF INTERSECTING ROADWAY			X FEET <input type="radio"/> MILES N S E W 228.00 X ADAMS		
V1/M 10	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
F 1	VEHICLE NO. 1					
	DRIVER LICENSE NO.	H12896433		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N 1	DRIVER JOSHUA A SEMLER		PHONE 402-405-2051		LOCAL NO.	
V2/N	DRIVER ADDRESS 3541 NW MICHAEL STREET, LINCOLN, NE 68524		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	01/03/1987
G 2	OWNER LUCAS A STAMLER 04/09/83		PHONE 402-601-1821		LOCAL NO.	
	OWNER ADDRESS 3145 N. 14TH STREET, LINCOLN, NE 68521		CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB482830
H 1	LICENSE PLATE MC NO.	TSB146		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V1/O 4	VEHICLE	YEAR 1997	MAKE Honda	MODEL RF3	BODY STYLE Motorcycle & d	COLOR black
V2/O	VEHICLE ID NO. (VIN)	JH2PC2502VM601363		INSURANCE COMPANY PROGRESSIVE		ESTIMATED DAMAGE <input checked="" type="radio"/> TOTALED \$
	TOWED TO	3145 N. 14TH STREET		TOWED BY	OWNER	
	POLICY NO.		58678481-0			
I 1	VEHICLE NO. 2					
	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P 1	DRIVER		PHONE		LOCAL NO.	
V2/P	DRIVER ADDRESS		CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	
J 01	OWNER		PHONE		LOCAL NO.	
	OWNER ADDRESS		CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.
V1/Q 1	LICENSE PLATE NO.			YEAR (Plate Expires)		STATE (Of Plate)
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
	VEHICLE ID NO. (VIN)			INSURANCE COMPANY		ESTIMATED DAMAGE <input type="radio"/> TOTALED \$
K 03	TOWED TO			TOWED BY	POLICY NO.	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
1	JOSHUA A SEMLER	3541 NW MICHAEL STREET, LINCOLN, 68524		01/03/1987	01	3
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
					11	3
VEH. #	NAME	ADDRESS			5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		

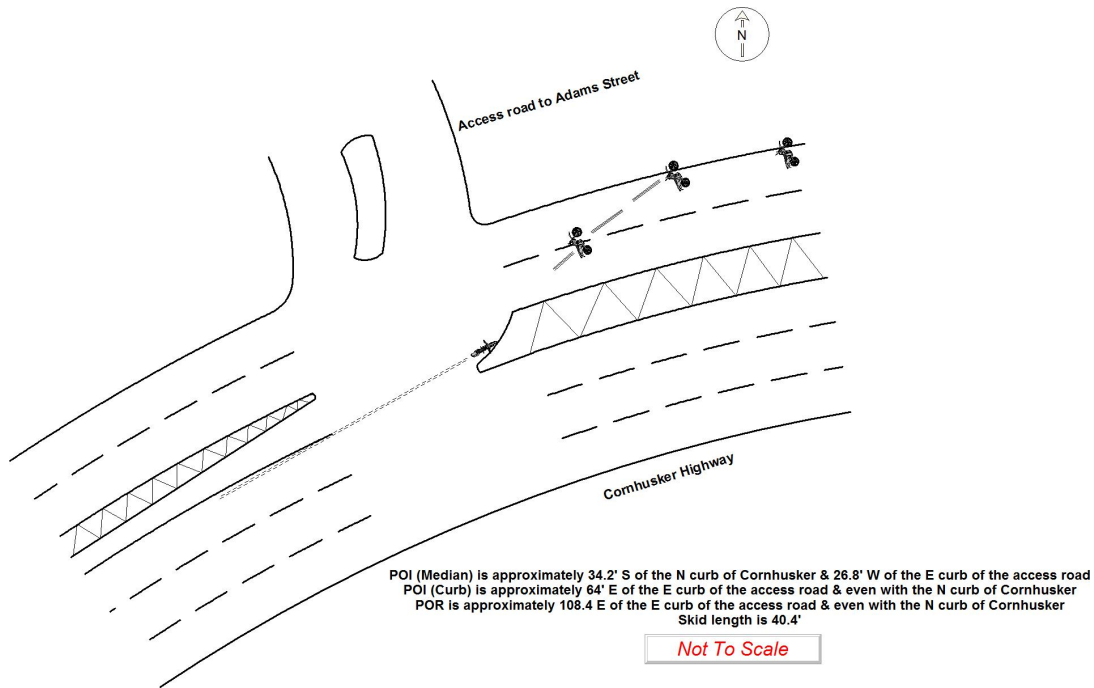
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-092843



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 was observed by officer EB on Cornhusker in the median lane at a speed estimated to be above the posted speed limit. As he approached a curve, V1 was observed to skid, strike a median, slide across the WB lanes, then impact the north curb of Cornhusker. D1 was then thrown from the motorcycle. He had some road rash, but refused medical treatment at the scene & was walking around. D1 said his back tire slid out & caused him to lose control. After being confronted about the skid, D1 was asked how fast he was going & he admitted to travelling approximately 50mph & may have been going too fast to negotiate the turn. W1 stated she was WB & observed the motorcycle hit the median, slide across her lanes, then hit the curb. She said it did not appear as though another vehicle struck V1 prior to V1 impacting the median.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME KIMBERLY P WACHA 05/17/68 1900 NW 44TH, LINCOLN, NE 68528				ADDRESS 402-416-1508
	NAME				ADDRESS

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	1	VEH 2
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME											
1			X		CORNHUSKER											
2																
1	01				06 Turning left				VEHICLE 1		VEHICLE 2					
2					07 Making U-turn				POINT OF IMPACT	01	POINT OF IMPACT					
					08 Entering traffic lane				MOST DAMAGED AREA	11	MOST DAMAGED AREA					
01					09 Leaving traffic lane				00 None		02		03	04		
02					10 Parked				09 Top & windows		01		05			
03					11 Slowing or stopped in traffic				10 Undercarriage		08		07	06		
04					12 Other				11 Total (all areas)							
05					13 Unknown				12 Other							

OFFICER NO. 1563	TROOP/TEAM/BEAT 7	DEPARTMENT Lincoln Police Department	INVESTIGATOR SIGNATURE Approved by Officer Jon Rennerfeldt	DATE OF REPORT 10/06/2015
----------------------------	-----------------------------	--	--	-------------------------------------